

Hoisting Engineers Qualification Request

U.S. Department of Labor Mine Safety and Health Administration



This form is covered by the Privacy Act of 1974
Company Name

OMB Control Number: 1219-0069, Expiration Date 03/31/2000
Mine ID

Mine Name

Address (leave blank if cards are to be sent to mine address)
Name Street or PO Box City State Zip Code

30 CFR 75.155 and 30 CFR 77.105 establish the procedures under which miners are qualified to operate hoists. For mines located in states that do not have provisions for qualifying hoist operators, 30 CFR 75.155 requires mine operators to make application to MSHA to obtain qualification for miners who meet certain minimum experience requirements. MSHA Form 5000-7 provides coal mine operators with a standard format which expedites the qualification process while ensuring compliance with regulations. The information provided on the form enables MSHA to determine if miners satisfy the requirements to obtain the qualification sought.

This collection of information is covered by a Privacy Act notice published in the Federal Register. Computer safeguards are as described in the National Bureau of Standards Publication, "Computer Security Guidelines for Implementing the Privacy Act of 1974," and in accordance with procedures developed by MSHA under GSA Circular E-34.

Public reporting burden for this collection of information is estimated to average 19 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Program Evaluation and Information Resources, Mine Safety and Health Administration, Room 715, 4015 Wilson Boulevard, Arlington VA 22203-1984.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.

Employee Social Security Number	Employee Name (last, first, middle initial)	Underground	Surface
		QG	SC
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

Type of Hoist

Certification

I certify that the persons listed are qualified to operate the type of hoist shown above, at a coal mine, that they had at least 1 year experience associated with this type of hoisting equipment and have successfully operated a hoist at this mine for a period of 6 months immediately preceding this application.

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act of 1977 (PL 95-164 as amended by PL 95-164).

MSHA Form 5000-7, Aug. 97 (revised)

Signature (not valid unless signed)

Date

Title

Return To:

MSHA, Qualification & Certification
PO Box 25367
Denver, Colorado 80225-0367